

Volunteer Service Application

Volunteer Type: ☐ Member ☐ Community ☐ Student
☐ Court Ordered

Personal Information

Name: _____ Date: _____
E-mail: _____ Phone: _____
Address: _____
Street City State Zip

Are you at least 18 years old? ☐ Yes ☐ No When can you begin? _____

* Do you have experience working with people with mental disabilities? ☐ Yes ☐ No

How did you hear about Grace? _____

In Case of Emergency, who should be contacted? _____

Relationship: _____ Phone: _____

If you are a (*Student*) applying for volunteer work, please complete the following section.

School/College: _____ Class Name: _____

Professor's Name: _____ Phone: _____

How many hours do you need/want to complete? _____ What date do you need them completed by? _____

If you need to complete (*Court Ordered Volunteer*) service hours, please complete the following section.

Probation Officer: _____ Phone Number: _____

How many hours do you need to complete? _____ By when? _____

Was your offence a violent or sexual nature? ☐ Yes ☐ No

If yes, explain: _____

* *Do you need written confirmation of completion of hours for the Court or Probation Department?*

☐ Yes ☐ No

*If you are a (**Community Volunteer**) applying for a position, please complete the following section.*

What tasks are of most interest to you?

- ☐ Activity/Program Facilitation ☐ Cooking/Lunch Preparation ☐ Special Events
☐ Reception/Customer Service ☐ Office Assistance ☐ Grant Writing/Fund Raising
☐ Center Maintenance ☐ Other

* *Please list one person who we can contact as reference. Name: _____ Phone: _____*

Service Agreement

I, (please print your name), _____ am at least 18 years old and agree to provide my services to the Department of Parks, Recreation and Neighborhood Services' Grace Community Center (GCC) of the City of San José. I acknowledge that there is no salary, other compensation or prizes of any kind to be provided by the City of San José/GCC for my services. Other persons may offer rewards or prizes for service to the City; however I understand that the City of San José/GCC is not responsible for the payment of any such reward or prize to me. I understand that during the course and scope of my services to the City of San José/GCC, I will be covered under the City of San José's Workers' Compensation self-insurance. I also understand and agree that my SOLE remedy for any injury that I may sustain during the course and scope of my services to the City of San José shall be through the City of San José's Workers' Compensation self-insurance coverage. I waive any other right or remedy that may be available to me for the injuries described above. I also acknowledge and agree that my services are provided for the convenience of the City of San José and may be terminated for any reason or no reason, at any time by the City of San José without notice or hearing.

Client Confidentiality Agreement

At Grace Community Center (GCC), you may work with or learn about confidential client information, regarding a client's treatment, psychiatric, behavioral, medical, financial, legal information and/or other issues. As in all mental health and medical settings, employees and volunteers must adhere to the highest standards of confidentiality. To this end, GCC requires that all volunteers read and adhere to the GCC *Notice of Privacy Practices* set forth by the Federal HIPAA regulations.

I, (please print name) _____, understand that client information may **NOT** be discussed or communicated in any fashion to others outside of the GCC employees. Furthermore, I have read the Grace Community Center *Notice of Privacy Practices* and agree to abide by the confidentiality regulations within, to keep confidential any/all information I learn during the term of my work.

By signing below, I hereby agree to the above Service Agreement and Client Confidentiality Agreement, and give permission to the GCC staff supervising my volunteer work, to contact and exchange information with any/all persons listed above in order to determine my eligibility to volunteer at Grace Community Center.

Signature: _____ Date: _____

Volunteer Coordinator Signature: _____ Date: _____

Instructions: Please print this form and fill it out completely in black or blue ink. Return the form to Grace Community Center by mail, in person, by fax or email with attention to the Volunteer Coordinator, Lisa Litwin.

Grace Community Center
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San Jose, CA 95112
(408) 293-0422
Fax (408) 277-2474
Lisa.litwin@sanjoseca.gov